

OMB Control No. 2060-0693 Approval expires 03/31/2019

30-DAY NOTIFICATION

2015 CLEAN AIR ACT (CAA) STANDARDS OF PERFORMANCE FOR NEW RESIDENTIAL WOOD HEATERS, NEW RESIDENTIAL HYDRONIC HEATERS AND FORCED-AIR FURNACES 40 CFR PART 60 SUBPARTS AAA AND QQQQ

The public reporting and recordkeeping burden for this collection of information is estimated to average 2 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Regulatory Support Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Disclaimer: The statutory provisions and the EPA regulations described in this document contain legally binding requirements. This document is not a substitute for those provisions or regulations, nor is it a regulation itself. In the event of a discrepancy, please refer to 40 CFR PART 60 Subparts AAA AND QQQQ, sections 60.537 and 60.5479. If you have additional questions, please contact Rafael Sanchez at 202-564-7028 or via email at sanchez.rafael@epa.gov.

| | | GENERAL | INFORMATION | l i | | | |
|--|--------------------------------------|----------------------|--|---------------------|-----|--|---|
| Manufacturer's N | ame: England's Stove | Works, Inc. | | | | | |
| Heater Type (Circle One): | ⊠Adjustable Burn Rate Wood Heater | □Pellet Stove | □Single Burn Rate Heater | □Hydronic Heater | | | □Other: |
| Hydronic Heater Type (Check one): | □Full Storage | □ Partial Storage | □Indoor | □Outdoor | □Ot | □Other: | |
| Forced-Air Furnace Type (Check one): | □Small (less than 65,0 output) | 00 BTU/hr heat | □Large (greater than 65,000 BTU/hr heat output) | | | | |
| Fuel Tested (Check one): | □Crib | □Pellet | ⊠Cordwood | □Wood Chips □Other: | | | |
| Model Name(s) (a | s will appear on test r | eport): Engla | nder, Summers H | eat, Timber Ridg | e | A-100-001 11-00-000 11-00-0000 11-00-000 11-00-000 11-00-000 11-00-000 11-00-000 11-00-000 11-00-000 11-00-000 11-00-0000 11-00-0000 11- | 100 100 100 100 100 100 100 100 100 100 |
| Model Number(s) | (as will appear on test | t report): 32-N | C, 50-SNC32, 50- | TNC32 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Equipped with a c | atalytic combustor? | □Yes ⊠No | A CONTRACTOR OF THE CONTRACTOR | | | | |
| Mailing Address: PO Box 200 | 5, Monroe, VA 24574 | | | | | | |
| Street Address: 58 | 39 South Five Forks Ro | oad, Monroe, V | \ 24574 | | | | |



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| City: Monroe | State: VA | ZIP Code: 24574 | |
|---------------------------------|--|---------------------------------|--|
| Phone: 434-929-0120 | Fax: 434-929-4810 | Web Site: www.heatredefined.com | |
| Address of Manufacturer: | | | |
| 589 South Five Forks / PO Bo | x 206 | | |
| City: Monroe | State: VA | ZIP Code 24574 | |
| | EPA APPROVED TEST LABORATO | DRY | |
| Name and Title of Authorized Re | presentative: Aaron Kravitz Testing | Supervisor | |
| Company: PFS TECO | | | |
| Phone: 503-650-0088 | E-mail: Aaron.Kravitz@pfsteco.com | Fax: | |
| City: Clackamas | State: OR | ZIP Code: 97015 | |
| | EPA APPROVED THIRD-PARTY CER | TIFIER | |
| Name and Title of Authorized Re | presentative: John Steinert, Genera | ıl Manager | |
| Company: PFS-TECO | | | |



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| Phone: 503-650-0088 | E-mail: John.steinert@pfsteco.com | Fax: | |
|--|--|------------------------|--|
| City: Clackamas | State: OR | ZIP Code: 97015 | |
| | COMPLIANCE TEST INFORMATIO | N | |
| Test Method(s): ASTM E3053, | EPA ATM-125, ASTM E2515-11, CS | A B415.1-10 | |
| Date(s) of Proposed Test: April 22, 23, 24 | | | |
| Testing Location: PFS TECO 11785 SE Highway | / 212 Suite 305, Clackamas, OR 970 | 15 | |



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| Chris Terrell COO |
|--|
| Print Name and Title of Authorized Official |
| Signature 03/23/2020 |
| Date |
| Telephone Number:434-929-0120 |
| Email Address: _cterrell@englanderstoves.com |
| Remarks: |
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